

ISSUE SLIP STAPLE AREA (for additional cross-references)

| POSITION                  | INITIALS   | ID NO.     | DATE     |
|---------------------------|------------|------------|----------|
| FEE DETERMINATION         | <i>mel</i> |            | 02/16/01 |
| O.I.P.E. CLASSIFIER       |            | 18         | 3 6 91   |
| FORMALITY REVIEW          | <i>SD</i>  | 131        | 5/15/01  |
| RESPONSE FORMALITY REVIEW | <i>MO</i>  | <i>kgm</i> | 07/30/01 |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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C.C.  
 05-16-01  
 02-06-01  
 7-30-01